

State of New Hampshire
Department of Safety
Division of Motor Vehicles

PLEASE PRINT CLEARLY IN BLUE OR BLACK INK & COMPLETE BOTH SIDES OF THIS APPLICATION

I AM APPLYING FOR

(CHECK ANY THAT APPLY):

- ☐ Original License/NH license in exchange for a license from another US State, the District of Columbia or Canadian Province or a US Territory
- ☐ Renewal
- ☐ Duplicate
- ☐ Replacement Reason: _____

IDENTIFICATION INFORMATION

FIRST NAME (REQUIRED) MIDDLE (REQUIRED) LAST NAME (REQUIRED) SUFFIX (Sr, Jr, etc.)

STREET APT. # CITY OR TOWN STATE ZIP CODE

ADDRESS WHERE YOU GET YOUR MAIL (REQUIRED)

STREET APT. # CITY OR TOWN STATE ZIP CODE

ADDRESS WHERE YOU LIVE

MONTH DAY YEAR MALE FEMALE FEET INCHES POUNDS EYE COLOR HAIR COLOR

SOCIAL SECURITY INFORMATION (REQUIRED) TELEPHONE NUMBER (OPTIONAL) E-MAIL ADDRESS (OPTIONAL)

Are you a United States Citizen?

☐ YES ☐ NO

My most recent license is/was a Commercial Driver License

☐ YES ☐ NO

Class of License: _____

Date of Expiration: ____/____/____

Name appearing on License: _____

License / Identification Number: _____

State or Country of Issue: _____

List Restrictions/Endorsements Appearing thereon: _____

List all States you have held a license with for the last 10 years: _____

OPTIONAL

Check if applicable: ☐ I wish to have my legal address printed on the back of my CDL license.

FEE SCHEDULE

Make checks payable to: State of NH - DMV

CODE	TYPE	FEE	CODE	TYPE	FEE
A	Combination of Vehicles	\$60.00	P	Passenger Vehicles (16 or more occupants)	\$10.00
B	Single Vehicles weighing 26,001 lbs. or more	\$60.00	S	School Bus	\$10.00
C	Single Vehicles weighing 26,000 lbs. or less, a bus designed to transport 16 or more occupants, a hazardous material or a tank vehicle.	\$60.00	T	Double / Triple Vehicles	\$10.00
H	Hazardous Materials (Requires TSA Fingerprint Clearance)	\$10.00	M	If you hold a current OUT-OF-STATE license that includes a motorcycle endorsement and wish to retain this privilege	\$30.00
N	Tank Vehicles	\$10.00	M	If you hold a current NEW HAMPSHIRE license that includes a motorcycle or motor driven cycle endorsement and wish to retain this privilege	\$ 5.00



Check Here to Consent to Organ & Tissue Donation pursuant to RSA 263:41

Donation information will be provided to federally-designated organizations so that your decision to donate may be honored.

I have paid all resident taxes or Interest and Dividends Tax (RSA 77) for which I am liable, and, if required, insurance certificates are on file with the Director of Motor Vehicles. My driving privileges are not subject to or under disqualification, suspension or revocation by any jurisdiction. This application is signed under penalty of unsworn falsification pursuant to RSA 641:3.

SIGN HERE

DATE

FOR DMV USE ONLY

Payment Method: ☐ CASH ☐ CHECK ☐ CREDIT CARD ☐ MONEY ORDER

CERTIFICATIONS

Are you a resident of the state of New Hampshire and have you paid all New Hampshire Resident Taxes for which you are liable? (As a resident you may be liable for the Interest and Dividends Tax (RSA 77). Contact Dept. of Revenue Admin., 45 Chenell Drive, Concord, 03301 (603)271-2191.)

☐ YES ☐ NO

Do you have any physical or mental handicaps which are detrimental or would incapacitate you from holding a license?

☐ YES ☐ NO

Is your license and/or operating privileges to drive a motor vehicle or commercial motor vehicle under default, suspension or revocation in this or any other state or country?

☐ YES ☐ NO

Have you been disqualified from operating any motor vehicle within the past two (2) years?

☐ YES ☐ NO

Are you required to file proof of insurance by any state/country as a result of a default, suspension, revocation or motor vehicle accident?

☐ YES ☐ NO

Do you meet the Federal Driver qualifications and requirements for interstate commerce (Federal Motor Carrier Safety Regulations, Part 391)?

☐ YES ☐ NO

During the two (2) years immediately prior to this application, have you at any time held a valid commercial driver license OTHER than the one issued by the state of Primary Residence?

☐ YES ☐ NO

In the past two (2) years, were you involved in a motor vehicle accident which resulted in your violation of any local or state motor vehicle law?

☐ YES ☐ NO

I certify that the vehicle I am about to take the driving skills test in is representative of the type of vehicle that I am operating or expect to operate.

☐ YES ☐ NO

I am 18 years old and consent to registration with the Selective Service System, as required by Federal Law.

☐ YES ☐ NO

Is the vehicle you currently operate or intend to operate equipped with air brakes?

☐ YES ☐ NO

- **Interstate non-excepted:** You are an Interstate non-excepted driver and must meet the Federal DOT medical card requirements (e.g. – you are “not excepted”).
- **Interstate excepted:** You are an interstate excepted driver and do not have to meet the Federal DOT medical card requirements.
- **Intrastate non-excepted:** You are an Intrastate non-excepted driver and are required to meet the medical requirements for your State.
- **Intrastate excepted:** You are an Intrastate excepted driver and do not have to meet the medical requirements for your State.

☐ YES ☐ NO

☐ YES ☐ NO

☐ YES ☐ NO

☐ YES ☐ NO

NOTE: If you are renewing a Hazardous Material Endorsement, it is recommended that you begin the TSA clearance process 120 days prior to your license expiration. The DMV must have received clearance notification from TSA directly before you can begin the Hazmat renewal process. You must pre-register at www.hazprints.TSA.DAS.GOV OR call 877-429-7746.